

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/121654
APPLICANT(S)

FILING DATE 3/29/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	EP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	10					
TOTAL DEP.	4					
TOTAL CLAIMS	14					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

CLAIMS ONLY

SERIAL NO.

07821634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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3	1	1				
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5	1					
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TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	4	↓		↓		↓
TOTAL CLAIMS	14					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS